

In the Superior Court of _____ County, Georgia
State of Georgia

_____, Plaintiff §
vs. § Civil Action File No. _____
_____, Defendant §
§

AFFIDAVIT AND MOTION TO PROCEED IN FORMA PAUPERIS

I, _____, the undersigned, having been duly sworn, hereby states as follows:

That I am the plaintiff in the above and foregoing case and thereby responsible for payment of fees and court costs.

I am presently _____ years of age, that because of my indigence I am unable to pay any deposit, fee, or other costs which are normally required in the court and request that I be relieved of such responsibility.

If I am required to pay the costs of this case I will not be able to prosecute my case due to lack of funds.

I believe and state that I have a meritorious claim and desire to proceed in forma pauperis.

I submit the following financial information as required by the Court in support of my request.

1. Names and birth dates of affiant's children:

| Name | Date of Birth |
|-------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

| | |
|--|----------|
| (a) Gross monthly income (from item 3A) | \$ _____ |
| (b) Net monthly income (from item 3B) | _____ |
| (c) Average monthly expenses (item 5A) | \$ _____ |
| Monthly payments to creditors | + _____ |
| Total monthly expenses and payments to creditors (item 5C) | \$ _____ |

(3A) AFFIANT'S GROSS MONTHLY INCOME

(All income must be entered based on monthly average regardless of date of receipt)

| | |
|---|-----------------|
| Salary - WAGES <u>ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS</u> | \$ _____ |
| Commissions, Fees, Tips | \$ _____ |
| Income from self-employment, partnership, close corporations, and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) | \$ _____ |
| Rental Income (gross receipts minus ordinary and necessary expenses required to produce income) | \$ _____ |
| Bonuses | \$ _____ |
| Overtime Payments | \$ _____ |
| Severance Pay | \$ _____ |
| Recurring Income from Pensions or Retirement Plans | \$ _____ |
| Interest and Dividends | \$ _____ |
| Trust Income | \$ _____ |
| Income from Annuities | \$ _____ |
| Capital Gains | \$ _____ |
| Social Security Disability or Retirement Benefits | \$ _____ |
| Workers' Compensation Benefits | \$ _____ |
| Unemployment Benefits | \$ _____ |
| Judgments from Personal Injury or Other Civil Cases | \$ _____ |
| Gifts (cash or other gifts that can be converted to cash) | \$ _____ |
| Prizes/Lottery Winnings | \$ _____ |
| Alimony and maintenance from persons not in this case | \$ _____ |
| Assets which are used for support of family | \$ _____ |
| Fringe Benefits (if significantly reduce living expenses) | \$ _____ |
| Any other income (do NOT include means-tested Public assistance, such as TANF or food stamps) | \$ _____ |
| GROSS MONTHLY INCOME | \$ _____ |

(3B) Affiant's Net Monthly Income from employment
 (deducting only state and federal taxes and FICA) \$ _____

Affiant's pay period (i.e., weekly, monthly, etc.) _____

Number of exemptions claimed _____

4. ASSETS

| Description | Value | Separate Asset of the Husband | Separate Asset of the Wife | <u>Basis of the Claim</u> |
|---|----------|----------------------------------|-------------------------------|-------------------------------|
| Cash | \$ _____ | _____ | _____ | _____ |
| Stocks, bonds | \$ _____ | _____ | _____ | _____ |
| CD's/Money Market Accounts | \$ _____ | _____ | _____ | _____ |
| Bank Accounts (list each account): | | | | |
| _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | _____ |
| Retirement Pensions, 401K, IRA, or Profit Sharing | \$ _____ | _____ | _____ | _____ |
| Money owed you: | \$ _____ | _____ | _____ | _____ |
| Tax Refund owed you: | \$ _____ | _____ | _____ | _____ |
| Real Estate: | | | | |
| home: | \$ _____ | _____ | _____ | _____ |
| debt owed: | \$ _____ | _____ | _____ | _____ |
| other: | \$ _____ | _____ | _____ | _____ |
| debt owed: | \$ _____ | _____ | _____ | _____ |
| Automobiles/Vehicles: | | | | |
| Vehicle 1: | \$ _____ | _____ | _____ | _____ |
| debt owed | \$ _____ | _____ | _____ | _____ |
| Vehicle 2: | \$ _____ | _____ | _____ | _____ |
| debt owed | \$ _____ | _____ | _____ | _____ |

Life Insurance
(net cash value): \$ _____

Furniture/furnishings: \$ _____

Jewelry: \$ _____

Collectibles: \$ _____

Other Assets: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Assets: \$ _____

(5A) AVERAGE MONTHLY EXPENSES

\$ _____

HOUSEHOLD

Mortgage or rent payments \$ _____ Cable TV \$ _____

Property taxes \$ _____ Misc. household and grocery
Items \$ _____

Homeowner/Renter Insurance \$ _____ Meals outside the home \$ _____

Electricity \$ _____ Other \$ _____

Water \$ _____ **AUTOMOBILE**

Garbage and Sewer \$ _____ Gasoline \$ _____

Telephone: Auto Repairs \$ _____

residential line: \$ _____ Auto tags and license \$ _____

cellular telephone: \$ _____ Insurance \$ _____

Gas \$ _____ **OTHER VEHICLES**

(boats, trailers, RVs, etc.)

Repairs and maintenance: \$ _____ Gasoline and oil \$ _____

Lawn Care \$ _____ Repairs \$ _____

Pest Control \$ _____ Tags and license \$ _____

Insurance \$ _____

CHILDREN'S EXPENSES

Child care (total monthly cost) \$ _____

School tuition \$ _____

Tutoring \$ _____

Private lessons (e.g., music, dance) \$ _____

School supplies/expenses \$ _____

Lunch Money \$ _____

Other Educational Expenses (list)

_____ \$ _____

_____ \$ _____

Allowance \$ _____

Clothing \$ _____

Diapers \$ _____

Medical, dental, prescription (out of pocket/uncovered expenses) \$ _____

Grooming, hygiene \$ _____

Gifts from children to others \$ _____

Entertainment \$ _____

Activities (including extra-curricular, school, religious, cultural, etc.) \$ _____

Summer Camps \$ _____

OTHER INSURANCE

Health \$ _____
 Child(ren)'s portion: _____

Dental \$ _____
 Child(ren)'s portion: _____

Vision \$ _____
 Child(ren)'s portion: _____

Life \$ _____
 Relationship of Beneficiary: _____

Disability \$ _____

Other (specify): \$ _____

AFFIANT'S OTHER EXPENSES

Dry cleaning/laundry \$ _____

Clothing \$ _____

Medical, dental, prescription (out of pocket/uncovered expenses) \$ _____

Affiant's gifts (special holidays) \$ _____

Entertainment \$ _____

Recreational Expenses (e.g., fitness) \$ _____

Vacations \$ _____

Travel Expenses for Visitation \$ _____

Publications \$ _____

Dues, clubs \$ _____

Religious and charities \$ _____

Pet expenses \$ _____

Alimony paid to former spouse \$ _____

Child support paid for other children \$ _____

Other (attach sheet) \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

| To Whom: | Balance Due | Monthly Payment |
|----------|-------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

(5C) TOTAL MONTHLY EXPENSES: \$ _____

Signature

SWORN TO and SUBSCRIBED BEFORE ME,

this ____ day of _____, 20 ____.

NOTARY PUBLIC

My Commission Expires: _____